DOCUMENT RESUME

ED 301 791 CG 021 278

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TITLE Evaluation of a Stress Management Program in a Child Protection Agency.
PUB DATE Apr 88
NOTE 10p.; Paper presented at the Annual Meeting of the Eastern Psychological Association (59th, Buffalo, NY, April 21-24, 1988).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Welfare; *Program Effectiveness; *Service Workers; *Social Agencies; *Stress Management; Work Environment
IDENTIFIERS *Child Protection

ABSTRACT

High stress levels experienced by child protection workers have been well documented. This study examined the effectiveness of a stress management program in a child protection agency. Subjects were case workers, immediate supervisors, and clerical staff; 320 subjects participated in pretesting and 279 subjects participated in posttesting. Subjects participated in one of three groups: a stress intervention program for an extended time; a stress intervention program for a short time; or a no-intervention control program. All subjects completed a self-report questionnaire before and after interventions which assessed demographics and included all three subscales of the Maslach Burnout Inventory, four subscales of the Work Environment Scale, the General Health Questionnaire, two scales assessing perceived role conflict and role ambiguity, and a scale of global job satisfaction and intent to turnover. The results revealed that the long-term and short-term intervention groups reported lower levels of physical and psychological complaints and a more favorable perception of their work environment than did the control group. The pattern was more pronounced for the long-term intervention group. It appeared that the basic components of the program had some impact in improving peer support, reducing levels of somatic complaints, improving a sense of personal accomplishment, reducing work pressure and role ambiguity, and improving job satisfaction. (NB)

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ED301791

Evaluation of a Stress Management Program in a Child Protection Agency

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Presented at Eastern Psychological Association

Buffalo, New York

April, 1988

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Evaluation of a stress management program in a child protection agency.

Problem or Major Purpose:

There has been an extensive theoretical and empirical documentation of the high stress levels experienced by human service workers in general and child protection workers in particular (Berkeley Planning Associates, 1977; Chess & Norlin, 1981; Cahill, 1986; Faber, 1983). This body of research has identified a number of sources of stress in the work environment of human service agencies (Barrett & Mackelvey, 1980).

However, while the empirical basis for documenting high stress levels for this population appeared to fairly good, there were very few empirical studies examining the effectiveness of programs designed to reduce or buffer these stress levels.

At the individual level, efforts have been aimed at stress inoculation programs designed to improve personal coping skills (Shannon, & Saleeby, 1980; Wertkin, 1985). While these studies concluded that some of the intervention strategies were effective, they were weakened by a failure to identify specific outcome measures and the absence of control groups. A second strategy has been aimed buffering the effects of stress by increasing levels of social support (Carrilio & Eisenberg, 1984; Scully, 1983). While the inverse relationship between social support and burnout has been well established (Davis-Sacks, Jayaratne, & Chess, 1985; Etzion, 1984; Pines, 1983), research eval-

uating this as a planned intervention strategy has again not utilized control groups or well established outcome measures.

One study which did utilize a control group and standardized measures (Jackson, 1983) concluded that increased participation in decision making decreased levels of role conflict and role ambiguity and increased levels of perceived influence for nurses and clerical staff in an outpatient facility.

Additional empirical evaluation of planned intervention strategies would appear to be warranted to further expand the findings of Jackson (1983). The current study was designed to assess this type of planned intervention in a child protection agency.

Subjects:

Subjects were case workers, immediate supervisors and clerical staff in a child protection agency. A total of 320 subjects were involved in pre-testing and 279 were involved in post-testing.

Procedure:

Twelve district offices in the agency were classified by size and geographic location and then randomly assigned to one of three treatment groups. The pilot group received the stress intervention program first and was involved in the intervention program for the longest period of time. The experimental group received the program several months after the pilot offices. The third group were control offices and received no intervention program.

Description of Intervention Program:

1) Educational Program - Each district office which participated in the program received a one day training session. This training consisted of an explanation of the physiology and psychology of stress.

2) In-service days - This component of the program was initiated one month after the initial training session. Participating district offices were given one day a month where the normal activities of the office were suspended. In addition to this "protected time" a wide range of training programs were provided to the staff on these days. These training programs included a number of stress management and reduction strategies. Staff were also encouraged to plan group activities which would build social support.

3) Supervisory training:

Supervisory support has been consistently found to be an important buffer for human service workers (Cherniss, 1980). The intervention program therefore provided a half day training program for all supervisors in the pilot and experimental district offices. The main focus of this training was to assist supervisors in providing proactive, supportive supervisory sessions and to increase the amount of positive feedback that they gave to their staff.

Outcome Measures:

All subjects completed a self-report questionnaire before and after the intervention program. In addition to demographic information, the questionnaire included the following scales:

1) all three subscales of the Maslach Burnout Inventory emotional exhaustion, depersonalization, and personal accomplishment (Maslach & Jackson, 1981).

2) four subscales from the Work Environment Scale; involvement, peer cohesion, supervisory support, and work pressure (Moos 1981).

3) The General Health Questionnaire (Goldberg, 1978).

4) Two scales assessing perceived role conflict and role ambiguity (Caplan, Cobb, French, Van Harrison, & Pinneau, 1980).

5) Global job satisfaction and Intent to Turnover (Quinn & Staines, 1979).

Results

Initial analysis indicated that the three groups were equivalent at pre-testing with the exception that the pilot group had fewer black respondents than the experimental and control groups. To check for possible confounds caused by this variable, multiple regressions were run to see if race predicted any of the outcome measures. No significant results were found. One way analyses of variance were run for all of the post-test outcome measures by treatment groups. Significant results were found for the following variables; peer cohesion ($p < .03$), work pressure ($p < .03$), personal accomplishment ($p < .007$), General Health Questionnaire ($p < .0001$), role ambiguity ($p < .02$), Job Satisfaction ($p < .04$) and intent to turnover ($p < .0003$). Post hoc analyses revealed that the significant differences were between the pilot and control groups with the exception of the general health questionnaire where both the pilot and the exper-

imental groups were significantly different from the pilot groups and the work pressure scale where the experimental group was significantly higher than the control group.

Mean scores were in the expected direction. The pilot and experimental groups reported lower levels of physical and psychological complaints as well as a more favorable perception of their work environment. The pattern was more pronounced for the pilot offices. In no instance did the control group report a lower level of complaints or a higher perceived work environment.

Discussion:

These results would appear to support the conclusion that the intervention program had some positive effect. The pattern of the results argues against these findings being merely the result of the Hawthorne effect, since the offices that had the program the longest also reported the most consistent positive results. It would appear that the basic components of the program did have some impact in improving peer support, reducing levels of somatic complaints, improving a sense of personal accomplishment, reducing work pressure and role ambiguity and improving job satisfaction. While the current results can not verify this, it would seem likely that continued participation in the program would also improve the performance of the experimental group.

Several aspects of the study should be noted. The intervention was clearly not powerful enough to significantly effect the several important outcome measures including role conflict, two aspects of burnout and supervisory support. Future intervention

programs should explore ways to impact on these variables.

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